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OMB APPROVAL

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FORM X-17A-5 PART III

SEC FILE NUMBER
8- 65281

FACING PAGE

Information Required of Brokers and Dealers Pursuant to Section 17 of the Securities Exchange Act of 1934 and Rule 17a-5 Thereunder

REPORT FOR THE PERIOD BEGINNING	01/01/2003 AN	D ENDING	%2/31/2003
	MM/DD/YY		MM/DD/YY
A. REGIS	STRANT IDENTIFICATION	ON	
NAME OF BROKER-DEALER: Advisors Unlimited OFF			OFFICIAL USE ONLY
ADDRESS OF PRINCIPAL PLACE OF BUSINESS: (Do not use P.O. Box No.)			FIRM I.D. NO.
456 W. O'Brien Dr, Ste	103		
Hagatna, GU 96910	(No. and Street)		
(City)	(State)		(Zip Code)
NAME AND TELEPHONE NUMBER OF PERS Flo Martinez	SON TO CONTACT IN REGAR	D TO THIS RE	EPORT 571-477-2848
	1		(Area Code - Telephone Number
B. ACCO	UNTANT IDENTIFICATI	ON	
INDEPENDENT PUBLIC ACCOUNTANT who	se opinion is contained in this R	teport*	
Slater Nakamura & Co LI	JP		
Dhonson Plaza, Ste B, (N	ame-if individual, state last, first, mid 190 S. Marine Dr, T	dle name) 'amuning,	GU 96913
(Address)	(City)	(State)	(Zip Code)
CHECK ONE:			ROCESSED
Certified Public Accountant		P	KOCFOOP
☐ Public Accountant			JUN 02 2004
☐ Accountant not resident in United	States or any of its possessions.	·	THOMSON FINANCIAL
Fe	OR OFFICIAL USE ONLY		
	1	/	

*Claims for exemption from the requirement that the annual report be covered by the opinion of an independent public accountant must be supported by a statement of facts and circumstances relied on as the basis for the exemption. See Section 240.17a-5(e)(2)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

OATH OR AFFIRMATION

1,	Florence Martinez	, swear (or affirm) that, to the best of	
my kn	owledge and belief the accompanying financial state AdvisorsUnlimited	ment and supporting schedules pertaining to the firm of	
of		0_03, are true and correct. I further swear (or affirm) that	
neithe		officer or director has any proprietary interest in any account	
classif	ned solely as that of a customer, except as follows:		
		My man Marie	
		Signature	
		Chief Financial Officer	
	Conca her land	Title	
	which for region		
6	-Notary Public	NANCY G.V. REYES	
This r	eport ** contains (check all applicable boxes):	NOTARY PUBLIC	
□ (a) Facing Page.	In and For Guem, U.S.A. My Commission Expires: June 03, 2007 P.O. Box 8282 Tamuning, Guem 98931	
) Statement of Financial Condition.	P.O. BOX 0202 Tamuning, Guam 50531	
	Statement of Income (Loss).		
	 Statement of Changes in Financial Condition. Statement of Changes in Stockholders' Equity or F 	Partners' or Sala Propriators' Capital	
`	 Statement of Changes in Stockholders Equity of F Statement of Changes in Liabilities Subordinated t 	•	
	Computation of Net Capital.	o Claims of Creditors.	
	Computation for Determination of Reserve Requir	ements Pursuant to Rule 15c3-3.	
	Information Relating to the Possession or Control		
\square (j)		on of the Computation of Net Capital Under Rule 15c3-3 and the	
_	Computation for Determination of the Reserve Re-		
□ (k		ed Statements of Financial Condition with respect to methods of	
	consolidation. An Oath or Affirmation.		
` '	n) A copy of the SIPC Supplemental Report.		
		to exist or found to have existed since the date of the previous audit.	

^{**} For conditions of confidential treatment of certain portions of this filing, see section 240.17a-5(e)(3).

ADVISORS UNLIMITED

Statement of Changes in Ownership Equity December 31, 2003

 Beginning balance
 January 1, 2003
 \$ 19,184

 Net income
 11,238

 Ending balance
 December 31, 2003
 \$ 30,422